

## New Hope Police Department Explorer Volunteer Application

Your Full Name:			Date o	of Birth:	
Current Address:					
How long at this addre	ss? Home Ph	ione:	Cell Pr	none:	
Email Address:					
Please list the names on Name	of the people with who	om you reside: Relationship	)		
Parent/Guardian Nam	e:	 	Parent/Guardian	Phone:	
´ Parent/Guardian Emai			,		
Name of school:		Grade:	School Hours	:	GPA:
<u>lmportant: Attach mos</u>	<u>t recent report card or</u>	<u>grade transcripts</u>	<u>s</u> .		
Present Employer:		Com	pany Address:		
How long?	Duties:			Hours:	
List other extra-curricu	lar activities and gene	ral schedule activ	vities:		
Have you ever been a ı	member of an Explore	r Post? YES I	NO		
If yes, name of Agency	and Post Number:				
Are you considering a d	career in law enforcem	nent? YES NO	)		
If no, what career area	(s) are you considering	दु?			
How were you referred	to this Explorer Post?				
I certify that all the sta knowledge and belief, be cause of rejection o	and are in good faith.	I understand that	•		
Applicant Signature:				Date:	

<sup>\*\*</sup> Participants under the age of 18 must have parent/guardian permission for participation. A parent/guardian signature will be required in a release to be signed during the background check process.